

AGENCY I.D.
SC0040600

INCIDENT REPORT

CASE NUMBER

2,0,1,2,-,4,9,7,

NCIC

INO. N
ENTO. N

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM																																																																																	
	1. FAILURE TO STOP FOR A BLUE LIGHT (90Z) -Add:RECKLESS DRIVING, NO HEA				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Highway/Road/Alle		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Refg. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.																																																																																	
	2. SIMPLE POSESSION OF MARIJUNA (35A)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Highway/Road/Alle																																																																																			
	3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																				
VICTIM NO. 1	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE		WEAPON TYPE																																																																																	
	CHAFFIN ROAD AND EAST BROAD, IVA						29655-																																																																																			
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.																																																																																
	05/30/2012	22:00		05/30/2012	22:30	05/30/12	22:00	22:00	23:00	3																																																																																
SUBJECT NO. 1	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE																																																																														
	MARTIN, COLIN,				#1	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	34	N	(864) 348-6192	(864) 348-6191																																																																														
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.																																																																																		
	204 E. JACKSON STREET				IVA	SC	29655-	3																																																																																		
NARRATIVE	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE																																																																														
	TOWN OF IVA, SC.,				#1	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U					(864) 348-6192	(864) 348-6191																																																																														
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																																																																																					
ADMINISTRATIVE	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.																																																																																		
	204 E JACKSON ST				IVA	SC	29655-	03																																																																																		
	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN --																																																																																									
	COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																									
PROPERTY EST.	VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:																																																																																									
	TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> *J—This Jurisdiction. S—State. O—Out of State. U—Unknown																																																																																									
	SUBJECT NO. 1				NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES																																																																												
	BOMBAY, JONATHAN,				W	M	18	N	10/14/93	509	140	BRO	BRO																																																																													
ADMINISTRATIVE	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																																																																																									
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.																																																																																		
	520 GOSS SCOTT ROAD				IVA	SC	29655-	3																																																																																		
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL # ARRESTED				DATE/TIME OF OFFENSE				DATE/TIME OF ARREST																																																																													
				1				05/30/12 22:00				05/30/12 22:20																																																																														
<p>I, Officer Martin, was leaving a relative's home on Pine Ridge Drive. I observed a black in color Toyota truck approaching me. It slowed and crept past me. This caught my attention as suspicious. As I pulled from the driveway, the truck accelerated dramatically and actually barked the tires in second gear. Because Pine Ridge Drive is so close to the city limits, I accelerated but did not turn on my blue lights and siren. If the truck made a right to county jurisdiction I was going to let it go and bolo it to their units. At the end of the road however, the truck completely blew the stop sign at a speed so high the driver lost control. The driver went into the ditch on the right side of the road and turned the vehicle up on two tires but kept driving. Eratically, the driver swerved into the oncoming lane of traffic on East Broad and made a wide right turn at a high speed onto Chaffin Road. His truck was fishtailing around corners and spinning the tires. I could hear his engine wind out to the point it was screaming. I was roughly a hundred feet behind him and could hear his engine with closed windows. I was struggling to keep up, but as soon as I saw him enter city jurisdiction I turned on my blue lights. Due to all the turns I was unable to safely turn on my siren</p>																																																																																										
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY																																																																																				
<table border="1"> <tr> <td>TYPE (GROUP)</td> <td>Marijuana</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TOTAL VALUE</td> </tr> <tr> <td>STOLEN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DAMAGED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BURNED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RECOVERED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEIZED</td> <td>2.000 GM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>													TYPE (GROUP)	Marijuana											TOTAL VALUE	STOLEN													DAMAGED													BURNED													RECOVERED													SEIZED	2.000 GM											
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BURNED																																																																																										
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SEIZED	2.000 GM																																																																																									
SUBJECT IDENTIFIED				SUBJECT LOCATED				ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/>				ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/>																																																																														
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER																																																																														
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY																																																																																										
REPORTING OFFICER(S)				DATE		UNIT NUMBER		APPROVING OFFICER				DATE																																																																														
MARTIN, COLIN A								MILLER, CHIEF T.E																																																																																		
								FOLLOW-UP OFFICER																																																																																		
								INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																		

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SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

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<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES

<input type="checkbox"/> COMPLAINT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> VICTIM NO. ____ : VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPASMT. <input type="checkbox"/> ALONE			
EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				
<input type="checkbox"/> SUBJECT NO. ____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK										

because I was calling the chase and trying to keep up. The truck turned onto Millie Avenue off Chaffin road and turned off the headlights. The truck was already black in color and with the headlights off was very difficult to see. There are many children on this road, although at this time of night traffic was low. I was still behind the truck. The truck was driving straight toward the end of the road. There are two houses at the end of the culdesac. Through confidential informants I have been told one of the houses may be manufacturing methamphetamines and the subject does carry a gun. Recently this subject wrecked the truck he normally drives and switched vehicles. Due to my prior knowledge that this subject is violent, has a prior criminal history and may be under the influence of narcotics, my blood pressure and adreneline increased tremendously to the point I was in a complete fight or flight mode. In my mind I was ready for the driver to get out, shoot at me, fight me or take flight on foot. My

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM	TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	VEH AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.				
		SERIAL AND/OR OWNER APPLIED NO.	STATE				
		YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
		MODEL	STYLE	COLOR	BRAND NAME		CALIBER
		MC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
		MISCELLANEOUS					

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
MARTIN, COLIN A			MILLER, CHIEF T.E		
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OFFICER		

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

INQ. N
ENTD. N

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIED ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 3 of 3 PAGES.

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											
	<input type="checkbox"/> SUBJECT #											
	<input type="checkbox"/> RUNAWAY											
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE	
<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES				COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE				
EXPLAIN:						DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK												

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											
	<input type="checkbox"/> SUBJECT #											
	<input type="checkbox"/> RUNAWAY											
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE	
<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES				COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE				
EXPLAIN:						DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK												

NARRATIVE	focus was completely on him, the truck and what my next move would be. Due to his speed, very crazy driving and him											
	blackening out his lights, I felt he was running for some serious reason such as running illegal drugs, stolen vehicle, or a crime he											
	may have just committed, and due to his disregard of anyone's safety on the road including his, his girlfriends and my own, I felt											
	his disregard would continue after he got out of the vehicle. Of all the vehicle chases I have had in my four and a half years of											
	policing, the only time I have encountered such erratic driving was when I took chase to four men who had been committing											
	home invasions and were known for their gang associations. They were also in a stolen vehicle at the time. Due to the danger of											
	this situation, the similarity in nature to my previous chase and my experience I truly felt I was in definite danger as was the											
	public. I am the only officer on duty and had no backup readily available, so I have to be completely self sufficient so that I can											

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
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VEH. / GUN / ETC. 1	STATUS		TYPE		VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.					
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE										
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN										
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT										
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE										
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS										
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE										

MODEL	STYLE	COLOR	BRAND NAME	CALIBER
HIC NO.		DENOMINATION	ISSUE DATE	
MISCELLANEOUS				

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)							TOTAL VALUE
	STOLEN							
	DAMAGED							
	BURNED							
	RECOVERED							
	SEIZED							

SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/>		EX-CLEAR UNDER 18 <input type="checkbox"/>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER					
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY													
REPORTING OFFICER(S)			DATE		UNIT NUMBER		APPROVING OFFICER			DATE		UNIT NUMBER	
MARTIN, COLIN A							MILLER, CHIEF T.E						
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

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<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

<input type="checkbox"/> COMPLAINT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE	
<input type="checkbox"/> VICTIM NO. ____ : VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE				
EXPLAIN:				DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
<input type="checkbox"/> SUBJECT NO. ____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK										
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EXPLAIN:				DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
<input type="checkbox"/> SUBJECT NO. ____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK										

go home safe. In addition, due to many hours of continued observation of the subject who is reported to be manufacturing narcotics, when he does drive from his home on Millie to a different location, he always drives erratically and blows the stop signs. His driving is very similar to what I was observing. With the totality of the circumstances combined with the circumstances at hand, I did not waste time jumping from my vehicle and yelled with my gun drawn for the driver to get on the ground. I had positioned my car at a roughly thirty degree angle to the driver side for cover in case he began to shoot at me. When I jumped from my car I was standing in the apex of my door for cover. The driver had no shirt and appeared to be athletic and muscularly cut with low body fat. This is common of an addict or someone on methamphetamines. His truck was pulled to the right side of the trailer and I felt he would possibly run behind this trailer on foot to the one next door I was priory familiar

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM	TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.		
		SERIAL AND/OR OWNER APPLIED NO.	STATE		
YEAR OF REGISTRATION		YEAR OF EXPIRATION	YEAR	MAKE	TYPE
MODEL		STYLE	COLOR	BRAND NAME	CALIBER
NIC NO.		DENOMINATION	ISSUER	SECURITIES DATE	
MISCELLANEOUS					

TYPE (GROUP)						TOTAL VALUE
STOLEN						
DAMAGED						
BURNED						
RECOVERED						
SERIALIZED						

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
MARTIN, COLIN A			MILLER, CHIEF T.E		
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OFFICER		

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

INQ. N
ENTD. N

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 5 of PAGES.
<input type="checkbox"/> MODIFIED ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #			#1	#2	#3	J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #			#1	#2	#3	J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

NARRATIVE	with. This served as a consideration in my safety. I did not know at the time he was familiar with the people who lived in this											
	trailer and I also felt there was a chance he might run into the trailer which would put them in harms way. The driver did get on											
	the ground at gun point, but due to his flight already, I did not trust that he was not going to jump up and fight or make another											
	move to jeopardize my safety in a last ditch effort to evade arrest. After he was on the ground, I holstered up my duty weapon											
	and sprinted to him. I grabbed his wrists and pulled his hands behind his back. I did have to muscle his right arm behind him											
	due to his resistance of my commands and me putting the handcuffs on him. Once he had the cuffs on, I felt him immediately											
	tense up and he arched his back. I reacted by attempting a brachial stun. Because of his movement I caught him more to the											
	side of the head/upper neck. My attention was not directly on him and I was still maintaining some visual observation of his											

VEH. / GUN / ETC. 1	STATUS		TYPE		VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE						
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN						
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT						
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE						
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS						
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE						

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)						TOTAL VALUE
	STOLEN						
	DAMAGED						
	BURNED						
	RECOVERED						
	SEIZED						

SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		UNFOUNDED <input type="checkbox"/>		ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER <input type="checkbox"/>	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER	
MARTIN, COLIN A						MILLER, CHIEF T.E	
						FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
						OFFICER	

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

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<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIED ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 6 of 6 PAGES.

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> SUBJECT #	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASME. <input type="checkbox"/> ALONE			
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> WANTED	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> WARRANT	<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK							
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> ARREST	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> JAIL	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> SUMMONS	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/>	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASME. <input type="checkbox"/> ALONE			
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/>	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/>	<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK							

NARRATIVE	girlfriend to make sure she did not draw a weapon or try to harm me. His girlfriend, a minor, was on the ground about fifteen										
	feet away and to the left front driver side corner of the truck. I did not have the time to terry frisk the driver at all and I knew that										
	when I detained his girlfriend my attention would be diverted to her and my back would be turned to the driver. The driver yelled										
	at me after I attempted the brachial stun. He was very angry and upset and still verbally agitated. His dimeanor was anything										
	but calm and I still did not feel he was compeltely compliant. The brachial stun was done in a slap motion with an open hand										
	and no gloves. As I jumped up from detaining him, I had to leap over his head and he raised up with his head and chest. I										
	stepped with my right foot first to the right side of his head. I looked down at him to make sure he was still staying on the										
ground. I had planned to run where I could maintain visual contact of him while I moved toward his girlfriend. Although his											
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY											
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY											

VEH. / GUN / ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL AND/OR OWNER APPLIED NO.		STATE	
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION		YEAR OF EXPIRATION	YEAR
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL		STYLE	COLOR
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	HIC NO.		DENOMINATION	ISSUER
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	SECURITIES DATE		MISCELLANEOUS	
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE				

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)						TOTAL VALUE
	STOLEN						
	DAMAGED						
	BURNED						
	RECOVERED						
	SERIALIZED						
	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> EX-CLEAR UNDER 18	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
MARTIN, COLIN A				MILLER, CHIEF T.E			
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER	

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

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☒ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

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VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)										VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											#1	#2	#3						
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.														
	<input type="checkbox"/> RUNAWAY	ADDRESS										CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/> WANTED																			
	<input type="checkbox"/> WARRANT																			
	<input type="checkbox"/> ARREST																			
	<input type="checkbox"/> JAIL																			
	<input type="checkbox"/> SUMMONS																			
	<input type="checkbox"/>																			
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)										VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											#1	#2	#3						
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.														
	<input type="checkbox"/> RUNAWAY	ADDRESS										CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE		
	<input type="checkbox"/> WANTED																			
	<input type="checkbox"/> WARRANT																			
	<input type="checkbox"/> ARREST																			
	<input type="checkbox"/> JAIL																			
	<input type="checkbox"/> SUMMONS																			
	<input type="checkbox"/>																			

NARRATIVE	hands were behind him I have had a situation in the past where a subject got a billfold gun out of his pocket to harm me and my partner. At this point I still did not know if he was armed but cuffs combined with his build do allow enough motion to remove a gun from the back and shoot it from the side. With my right foot as the pivot point, I lifted my left leg to step over his head. I turned counter clockwise to run where I could still maintain visual observation of him. When I turned, he rose up again with his head and chest off the ground. This was unexpected and because I was already moving I could not stop myself. I tried to lift my leg over him, but it was to late and the heel of my boot made contact with his nose. I did not have the time to assess the damage but did hear him cuss me out. This was an unfortunate sequence of events. He had his face turned to the left which was to the direction of my trailing foot and opposite the direction I was turning in. His girlfriend was lying totally compliantly and																	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY																		
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY																		

VEH. / GUN / ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE				
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.		STATE	
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE	COLOR	BRAND NAME
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	NCIC NO.	DENOMINATION	ISSUER	SECURITIES DATE
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	MISCELLANEOUS			

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)							TOTAL VALUE
	STOLEN							
	DAMAGED							
	BURNED							
	RECOVERED							
	SEIZED							

SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/>		EX-CLEAR UNDER 18 <input type="checkbox"/>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY									
REPORTING OFFICER(S)			DATE		UNIT NUMBER		APPROVING OFFICER		
MARTIN, COLIN A							MILLER, CHIEF T.E		
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

INQ. ENT.
N N

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIED ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 8 of _____ PAGES.

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											
	<input type="checkbox"/> SUBJECT #											
	<input type="checkbox"/> RUNAWAY											
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #											
	<input type="checkbox"/> SUBJECT #											
	<input type="checkbox"/> RUNAWAY											
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST											
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											

NARRATIVE	still on the ground and was loosely detained in handcuffs. Upon the initial stop, she got out of the car and began to casually walk											
	off. Due to her attempt to flee, I detained her to make sure she was not carrying any drugs, weapons or other items away from											
	the crime scene. After detaining her I was much more calmed with the situation totally under control. I assisted her in getting											
	off the ground. She was never yanked around or cussed at. Her parents were on the porch and I told them to come on down. I											
	tried to take her out of handcuffs but in the process of the detention, I had lost my handcuff key. Another officer showed up and											
	loaned me his and she was removed from detention and released to her parents. She had no manifestations of any injury but											
	was shook up by the transpiring of events. I went to him and in a calm manner assisted him up. He was not yanked up, spoken											
	rough to, or threatened at all. I did tell him he was royally screwed due to all the charges he had incurred. My blood pressure											

VEH. / GUN / ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE				
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.		STATE	
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE	COLOR	BRAND NAME
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	SECURITY NO.	DENOMINATION	ISSUER	SECURITIES DATE
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	MISCELLANEOUS			

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)						TOTAL VALUE
	STOLEN						
	DAMAGED						
	BURNED						
	RECOVERED						
	SEIZED						

SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY									
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE	
MARTIN, COLIN A						MILLER, CHIEF T.E			
						FOLLOW-UP INVESTIGATION		OFFICER	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

INQ. N
ENTD. N

☒ ORIGINAL
REPORT
☐ MODIFIED
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

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VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #			#1	#2	#3	J S O U					
<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE			
<input type="checkbox"/> RUNAWAY												
<input type="checkbox"/> WANTED												
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL												
<input type="checkbox"/> SUMMONS												
<input type="checkbox"/>												
		VICTIM NO. ____ : VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE				
		EXPLAIN:				DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
		SUBJECT NO. ____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK										
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #			#1	#2	#3	J S O U					
<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE			
<input type="checkbox"/> RUNAWAY												
<input type="checkbox"/> WANTED												
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL												
<input type="checkbox"/> SUMMONS												
<input type="checkbox"/>												
		VICTIM NO. ____ : VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE				
		EXPLAIN:				DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
		SUBJECT NO. ____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK										

NARRATIVE	was still up, but I was not in an angry state or trying to assault him. He was taken to the back of my patrol car. This was when I											
	saw his nose was bleeding. Chief Miller was working EMS that night. I had already called him and knew he would be pulling up											
	in an ambulance. I asked the driver who I identified as Jonathan Bombay, if he needed EMS or to be taken to the hospital. He											
	stated he did not. I observed his nose and saw no crookedness or signs of a break immediately apparent. It was bleeding											
	though. He had no teeth missing, bloody lips or other manifestations of injury. There were no lacerations to his facial area,											
	obvious swelling to his face, eyes or forehead. His injuries appeared to be minor. EMS arrived and he was allowed out of the											
	back of the patrol car. His cuffs were loosened for his comfort since he was now being compliant and calm. EMS cleaned up his											
face and wiped off the blood. No more than five minutes had passed and his nose was not bleeding profusely. It had already												
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEH. / GUN / ETC. 1	STATUS		TYPE		VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE							
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN							
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT							
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE							
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS							
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE							
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE	
MODEL		STYLE		COLOR		BRAND NAME		CALIBER	
NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE			
MISCELLANEOUS									

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)							TOTAL VALUE			
	STOLEN										
	DAMAGED										
	BURNED										
	RECOVERED										
	SEIZED										
	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/>		EX-CLEAR UNDER 18 <input type="checkbox"/>		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
	REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER
MARTIN, COLIN A						MILLER, CHIEF T.E					
						FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

NO.	ENTD.
N	N

☒ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 10 of _____ PAGES.

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.	
	<input type="checkbox"/> VICTIM #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> SUBJECT #	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE			
	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE				
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> WANTED	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				
	<input type="checkbox"/> WARRANT	<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.								
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> ARREST	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.	
	<input type="checkbox"/> JAIL	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> SUBMANS	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE			
	<input type="checkbox"/>	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE				
NARRATIVE	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED					
	<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.									
VEH. / GUN / ETC. 1	clotted. He was asked by EMS paramedic Payton if he had anything on him that was illegal or that would harm anyone. I came											
	around the back of my car and observed him remove a celophane baggie with a substance he identified as marijuana. Due to											
VEH. / GUN / ETC. 1	his honesty and the small amount, I tore the sack open which was mostly composed of a fine dust rather than a whole bud, and											
	scattered it on the ground. The EMS worker stood there and observed this. I told Mr. Bombay this would suspend his license if											
VEH. / GUN / ETC. 1	he was charged with it, but I told him I would not charge him with it. I asked him why he ran and he stated he did not have											
	insurance. At this time I knew he was not the hardened criminal I had to assume he was for my initial safety, and that he was											
VEH. / GUN / ETC. 1	only an eighteen year old young man who freaked out upon police presence. I advised him he had his whole life in front of him											
	and a series of charges such as this could jeopardize the career opportunities he might normally have opened to him. Because											
VEH. / GUN / ETC. 1	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						
VEH. / GUN / ETC. 1	STATUS		TYPE		VIN AND/OR LICENSE NO.			BOAT HULL NO. AND/OR REG. NO.				
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE			SERIAL AND/OR OWNER APPLIED NO.			STATE				
VEH. / GUN / ETC. 1	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN			YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	TYPE
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT			MODEL		STYLE		COLOR		BRAND NAME	
VEH. / GUN / ETC. 1	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE			MIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS			MISCELLANEOUS							
VEH. / GUN / ETC. 1	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE										
ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)	TOTAL VALUE										
	STOLEN											
ADMINISTRATIVE PROPERTY EST.	DAMAGED											
	BURNED											
ADMINISTRATIVE PROPERTY EST.	RECOVERED											
	SEIZED											
ADMINISTRATIVE PROPERTY EST.	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
ADMINISTRATIVE PROPERTY EST.	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
ADMINISTRATIVE PROPERTY EST.	MARTIN, COLIN A				MILLER, CHIEF T.E							
					FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OFFICER				

AGENCY I.D.
SC0040600

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 2 - 4 9 7

NCIC

INQ. ENT.
N N

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY
PAGE 11			PAGES.

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> SUBJECT #	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE	
	<input type="checkbox"/> WANTED	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARREST	EXPLAIN:		<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
<input type="checkbox"/> JAIL	<input type="checkbox"/> SUMMONS	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.									
<input type="checkbox"/>	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	<input type="checkbox"/> VICTIM #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> SUBJECT #	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE		EVENING PHONE	
	<input type="checkbox"/> WANTED	<input type="checkbox"/> VICTIM NO. _____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARREST	EXPLAIN:		<input type="checkbox"/> SUBJECT NO. _____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
<input type="checkbox"/> JAIL	<input type="checkbox"/> SUMMONS	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.									
<input type="checkbox"/>	<input type="checkbox"/>										

NARRATIVE	he appeared to have little to no involvement with the law previously, I decided to cut him some more slack. He stated he had just got himself a job painting houses and I knew that if I charged him with the insurance violation this would also suspend his license. He was finally charged with failure to accompany police for his flight and his resistance when being put into cuffs. Due to his disregard for the safety of others on the road he was also charged with reckless driving. His truck was towed by JRAPP towing and he was transported to county detention where he was left in good standing. I asked him several times on the way to detention if he was alright and checked on his wellbeing. I also observed his injury at the detention facility. They still appeared to be minor by visual observation. He stated he was fine. Detention staff asked him what had happened to his nose, and his comment was that he had made a poor decision and was stupid for what he did. I felt this was further admission to what I had										
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					

VEH. / GUN / ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.							
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL AND/OR OWNER APPLIED NO.		STATE							
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE	
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL		STYLE		COLOR		BRAND NAME		CALIBER	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE			
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MISCELLANEOUS									
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE										

ADMINISTRATIVE PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE
	STOLEN									
	DAMAGED									
	BURNED									
	RECOVERED									
	SEIZED									

SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY.									
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER		
MARTIN, COLIN A				MILLER, CHIEF T.E					
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER			

<input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	PAGE <u>12</u> of <u> </u> PAGES.
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<input type="checkbox"/> COMPLAINTANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	NAME (LAST, FIRST, MIDDLE) _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ LOCATION NO. _____ DAY PHONE _____ EVENING PHONE _____ <input type="checkbox"/> VICTIM NO. ____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK. TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE EXPLAIN: _____ DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____ ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED <input type="checkbox"/> SUBJECT NO. ____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: _____ <input type="checkbox"/> UNK.	RESIDENT <input type="checkbox"/> J S O U RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> D.O.B. _____ ETH. _____
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<input type="checkbox"/> COMPLAINTANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	NAME (LAST, FIRST, MIDDLE) _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ LOCATION NO. _____ DAY PHONE _____ EVENING PHONE _____ <input type="checkbox"/> VICTIM NO. ____: VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK. TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE EXPLAIN: _____ DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____ ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED <input type="checkbox"/> SUBJECT NO. ____: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: _____ <input type="checkbox"/> UNK.	RESIDENT <input type="checkbox"/> J S O U RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> D.O.B. _____ ETH. _____
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already seen and felt with my hands which compiled to his continued resistance even after on the ground and out of the vehicle.

The only reason for him being cut so much slack on my part was due to his age and the fact that I did not want to affect the rest of his life due to one very poor decision. At eighteen years old he is young and people of this maturity do not always think about the consequences of their actions from the long term perspective. I felt this had been a learning experience and had really scared him and that he probably was for the most part a good young man who had a sequence of poor decisions which lead to me having to arrest him.

STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM	TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	VIN AND/OR LICENSE NO. _____ BOAT HULL NO. AND/OR REG. NO. _____ SERIAL AND/OR OWNER APPLIED NO. _____ STATE _____ YEAR OF REGISTRATION _____ YEAR OF EXPIRATION _____ YEAR _____ MAKE _____ TYPE _____ MODEL _____ STYLE _____ COLOR _____ BRAND NAME _____ CALIBER _____ NIC NO. _____ DENOMINATION _____ ISSUER _____ SECURITIES DATE _____ MISCELLANEOUS _____
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TYPE (GROUP)	STOLEN	DAMAGED	BURNED	RECOVERED	SERIED	TOTAL VALUE

SUBJECT IDENTIFIED	SUBJECT LOCATED	ACTIVE <input type="checkbox"/> ADIA. CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/>	ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/>	EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER <input type="checkbox"/>
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
MARTIN, COLIN A				MILLER, CHIEF T.E
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OFFICER

AGENCY I.D. SC0040600	DATE/TIME OF ARREST 05/30/2012 22:00
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BOOKING REPORT

CASE NUMBER 2, 0, 1, 2 - 4, 9, 7

PERSONAL DATA	DEFENDANT NAME (LAST, FIRST, MIDDLE) BOMBAY, JONATHAN,										RACE W	SEX M	DATE OF BIRTH 10/14/93	DOCKET NUMBER 2012-497A	
	AGE 18	ETH. N	HEIGHT 509	WEIGHT 140	HAIR BRO	EYES BRO	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS		NCIC	I.D. NUMBER				
	ADDRESS (NUMBER AND STREET) 520 GOSS SCOTT ROAD						CITY IVA	STATE SC	ZIP CODE 29655-	RESIDENT J O U	PHONE NUMBER				
	ALIAS				PLACE OF BIRTH IVA,		DRIVERS LICENSE NUMBER				STATE SC				
	EMPLOYER OR OCCUPATION				NEXT OF KIN		ADDRESS (CITY AND STATE) IVA,								
	BOOKING OFFICER'S NAME				NUMBER	ARRESTING OFFICER MARTIN, COLIN A		AGENCY IVA PD	NUMBER 0040600						
	ARRESTEE ARMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEAPON TYPE: 01 <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO <input checked="" type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY														
	JUVENILE DISPOSITION: 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY * J - This Jurisdiction, S - State, O - Out of State, U - Unknown														
	ADDITIONAL CASE NUMBERS										MORE IN REMARKS <input type="checkbox"/>				
	CHARGE	IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A, B, C													
CHARGE I.D.		A				B				C					
CHARGE		FAILURE TO STOP FOR A BLUE LIGHT				SIMPLE POSSESSION OF MARIJUANA									
STATUTE															
BOND AMOUNT															
BOND TYPE															
RET. DATE															
DISPOSITION															
		DAYS		AMOUNT		DAYS		AMOUNT		DAYS		AMOUNT			
SENTENCE															
DISPOSITION	TIME SERVED														
	GOOD TIME														
	BALANCE														
	PAID														
	RECEIPT NUMBER														
	RELEASE DATE	TIME		RELEASING OFFICER				NUMBER		AGENCY RELEASED TO					

SIGNATURE OF RECEIVING OFFICIAL X _____ LIST ANY REMARKS BELOW
REMARKS: _____

DEFENDANTS PERSONAL PROPERTY RECEIPT				TOTAL CASH AT TIME OF ARREST → \$			
QUANTITY	ITEM			QUANTITY	ITEM		

I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

X _____
DEFENDANT'S SIGNATURE AT TIME OF ARREST

OFFICER

I HEREBY STATE, ON THE DATE OF MY RELEASE, THAT THE ABOVE LISTED PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

X _____